

2576

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 1

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Heard or Village \_\_\_\_\_  
City Globe No. South Globe St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lillie Dale Hayes  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct. 26. 1903  
Month Day Year

8. FATHER Full name Wm. C. Hayes 14. MOTHER Full maiden name Nettie Gilmore

9. Residence (Usual place of abode) Globe, Ariz 15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 50 (Years) 16. Color or race White 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Alabama 18. Birthplace (city or place) Globe, Arizona  
(State or country)

13. Occupation Nature of industry Cattlemen 19. Occupation Nature of industry House wife

20. Number of children of this mother 11 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 11 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature G. E. Wightman

Given name added from a supplemental report. \_\_\_\_\_ Address Globe Ariz.  
Month, day, year (Physician or midwife).

Registrar \_\_\_\_\_ Filed 1/20 1904 G. E. Wightman Registrar

386-1026-575